

Health Department, City of Baltimore.

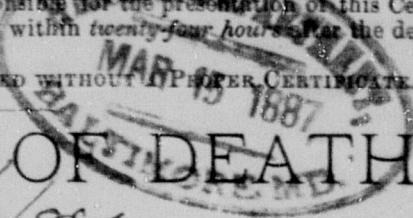
Permit No. 98612

Office of Registrar of Vital Statistics.

Ward 9¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE



CERTIFICATE OF DEATH. D

Date of Death,

March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Donald M^cDonnell.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5 Years,

7 Months,

Days

Color,

White.

J

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Bottler.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life.

Place of Death, { Give Street and Number. }

420 Courtland.

Purdo-Mentmore

Cause of Death, { First (Primary), }

Prost Asphyxia.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

J. G. Kiffline

M. D.

Date of Burial, March 15th 1887

Consulting Medical Attendant

{ Undertaker, Henry L. Mears }

{ Place of Business, #413 E. Fayette St. Address, Toy Ott & Peets }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

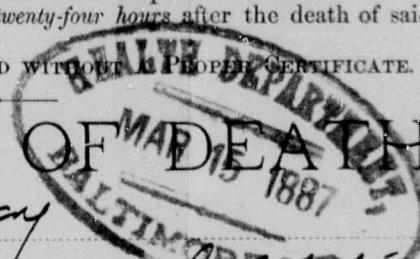
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Health Department, City of Baltimore.

Permit No. 98613 Office of Registrar of Vital Statistics. Ward 9^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hyman Goldstein

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 20

Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, Shoemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Russia

Duration of Residence in the City of Baltimore,

Three days

Place of Death, { Give Street and Number. }

28 Harrison Street

Cause of Death, { First (Primary), Second (Immediate), }

Consumption

Duration of Last Sickness, Has been sick 3 years in Russia, and came here in a dying condition

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cong.

Date of Burial, March 15th

Undertaker, A. Friedewald

Place of Business, 188 High

A. Friedewald

M. D.

Medical Attendant.

Address, 310 N Eutaw

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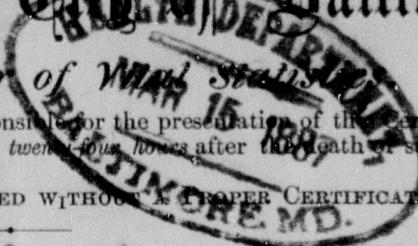
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Health Department, City of Baltimore.

Permit No. 98614

Office of Registrar of Vital Statistics

Ward 8^o



The Physician who attended any person in a last illness, is responsible for the presentation of the certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, March 12 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Harry Roberts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Years, Months, five Days

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 803 Domonally Court

Cause of Death, { First (Primary), Second (Immediate), } Inflammation

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15th 1887

Undertaker, William Danner

Place of Business, 150 East St

E. C. Baldwin

M. D.

Medical Attendant

Address, 304 n Exeter st

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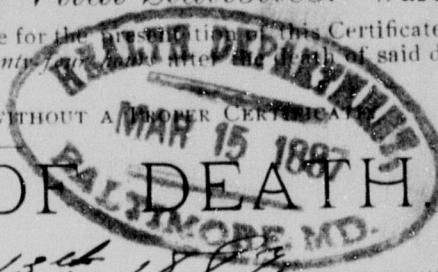
Board of Health, City of Baltimore.

Permit No. 98615 Office of Registrar of Vital Statistics. Ward

16^a

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A BODER CERTIFICATE



B

CERTIFICATE OF DEATH

Date of Death, Sunday, March 13^a, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 Years, Months, Days,

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation Laborer.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Yorktown, Virginia

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, { Give street and Number. } 516 Lower St.

Cause of Death, { First (Primary). } Tuberculosis of Lung, Bowel, adde
{ Second (Immediate). } Consumption

Duration of Last Sickness, Seven (7) months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, March 15^a 1887

Lodell G. Gorgas, M. D.

Medical Attendant.

{ Undertaker William Dungey

Place of Business, 160 East St Address, 726 N. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

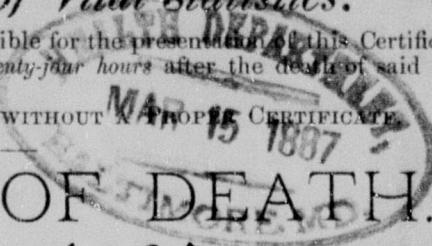
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Health Department, City of Baltimore.

Permit No. 8610 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sedelia E. Shipley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days

Color, Col.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1510 Vine Street

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1887

{ Undertaker, William Dungee } R. S. Titchener, M. D.

Medical Attendant.

{ Place of Business, 150 East St. Address, 836 W. Balt. St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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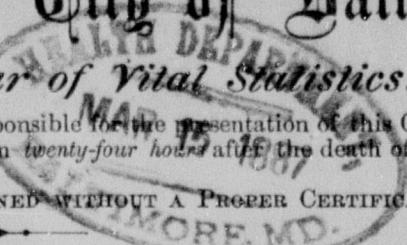
Health Department, City of Baltimore.

Permit No. 98617

Office of Registrar of Vital Statistics. Ward 14¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



a

CERTIFICATE OF DEATH.

Date of Death,

March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benjamin Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, 0 Months, 8 Days

Color,

Colored or Black ✓

Married, Single, Widower or Widow, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, Eight days.

Place of Death, { Give Street and Number. }

No 1522 Booth Street

Cause of Death, { First (Primary), Trismus nascentium
Second (Immediate), }

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 16th 1887

{ Undertaker, William Daynes }

{ Place of Business, 150 East St }

Ridgely Hammond M. D.

Medical Attendant.

Address, 4502 N. Carrollton

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[OVER.]

Permit No. 98618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 15 1887
BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, March 13, 1887Full Name of Deceased, Carrie Scott { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { cross out the word not } required in this line.

Age, — Years, 3 Months, 3 Days.Color, Black

Married, Single, Widow or Widower, { Cross out the word not } required in this line.

Occupation, —Birthplace, { State or country, (and how long in the United States, if of foreign birth.) } Baltimore CityDuration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } # 529 Seven Cross St
Gastro-Intestinal CatarrhCause of Death, { First, (Primary) }
Second, (Immediate)Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Edens CemeteryDate of Burial, March 15th 1887Edens Cemetery M.D.
Medical Attendant.{ Undertaker, Leonard Berlin }{ Place of Business, 221 Hanbury }Address, # 935 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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Health Department, City of Baltimore.

Permit No. 98619 Office of Registrar of Vital Statistics. Ward 8

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1887
BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death,

March 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Kate Bostigan

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

35

Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

house

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

MD

Duration of Residence in the City of Baltimore,

Lipkin

Place of Death, { Give Street and Number. }

297 East Pratt St

Cause of Death, { First (Primary),

Impaired Circ.

Second (Immediate),

Intestinal perforation

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, March 18. 1887

Isenberg

M. D.

{ Undertaker, Mr. Clark & Sons

Medical Attendant.

{ Place of Business, Dr. D. Am. & Son

Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98640

Office of Registrar of Vital Statistics.

Ward

16th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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MAR 15 1887

BALTIMORE MD.

CERTIFICATE OF DEATH. B

Date of Death,

MAR 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Amie May Harriman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 14 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

308 S. Stewart Ave

Cause of Death, { First (Primary),

Second (Immediate), Measles -

Duration of Last Sickness,

1 wk -

All the above information should be furnished by the Physician.

Place of Burial,

Int. Amy B. & O. B. P.

Date of Burial,

Mar. 16/87.

Wm H. B. Williams M. D.

Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 1003 W. Baltimore St., Address, S. E. Middle St.

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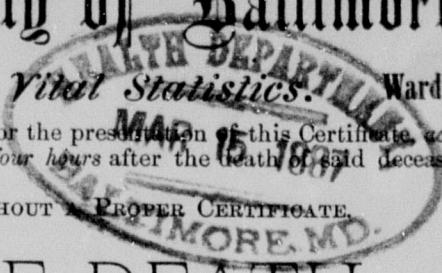
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Health Department, City of Baltimore.

Permit No. 98621 Office of Registrar of Vital Statistics. Ward 10

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CERTIFICATE OF DEATH.

Date of Death, March 14th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Maria Neubauer.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 13 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City -

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 315 Pearl St.

Cause of Death, { First (Primary), Tubercular Meningitis
Second (Immediate), Asthma }

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, March 16 1887 J. Heller

{ Undertaker, A. Robertson

M. D.

Medical Attendant.

{ Place of Business, 61 Parkton

Address, 639 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]